

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030962

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. **183**

FILED JUL 30 1963

1. PLACE OF DEATH

a. COUNTY **SCOTT**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **SIKESTON**

Length of stay in lb
1 1/2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **MO. DELTA COMMUNITY HOSP.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **SCOTT**

c. CITY
OR
TOWN **SIKESTON**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
622 DANIEL

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
GLAYDES

Middle

Last
KELLEY

4. DATE
OF
DEATH

Month Day Year
5-31-63

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
10-14-94

9. AGE (last birthday)
68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
KY.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JOSEPH F. MOORE

13b. MOTHER'S MAIDEN NAME

RACHEL MOORE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
GROVER KELLEY, SIKESTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL HEMORRHAGE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5-15-63** to **5-31-63** and last saw her alive on **5-31-63**.
Death occurred at **7:20 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-2-63

23c. NAME OF CEMETERY OR CREMATORY

garden of memories

23d. LOCATION (City, town, or county) (State)

Siikeston, Mo.

24. FUNERAL DIRECTOR

ADDRESS

DELTA FUNERAL CHAPEL

25. DATE RECD. BY LOCAL REG.

7-27-63

26. REGISTRAR'S SIGNATURE

Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 **1009**

2 **1009**

3

4 **1**

5 **2**

6

7 **1**

8 **0**

9331X

10

11

12 **1-0**

13 **2-1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John M. Mittle

Licensed Embalmer No. _____

4695

P. O. Address _____

Charlton, r.r. 4

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.